### INDIAN RIVER COUNTY HEALTH DEPARTMENT

# PROGRAM SPECIFIC REPORTING REQUIREMENTS AND PROGRAMS REQUIRING COMPLIANCE WITH THE PROVISIONS OF SPECIFIC MANUALS

Some health services must comply with specific program and reporting requirements in addition to the Personal Health Coding Pamphlet (DHP 50-20), Environmental Health Coding Pamphlet (DHP 50-21) and FLAIR requirements because of federal or state law, regulation or rule. If a county health department is funded to provide one of these services, it must comply with the special reporting requirements for that service. The services and the reporting requirements are listed below:

	<u>Service</u>	<u>Requirement</u>
1.	Sexually Transmitted Disease Program	Requirements as specified in F.A.C. 64D-3, F.S. 381 and F.S. 384.
2.	Dental Health	Periodic financial and programmatic reports as specified by the program office.
3.	Special Supplemental Nutrition Program for Women, Infants and Children (including the WIC Breastfeeding Peer Counseling Program)	Service documentation and monthly financial reports as specified in DHM 150-24* and all federal, state and county requirements detailed in program manuals and published procedures.
4.	Healthy Start/ Improved Pregnancy Outcome	Requirements as specified in the 2007 Healthy Start Standards and Guidelines and as specified by the Healthy Start Coalitions in contract with each county health department.
5.	Family Planning	Requirements as specified in Public Law 91-572, 42 U.S.C. 300, et seq., 42 CFR part 59, subpart A, 45 CFR parts 74 & 92, 2 CFR 215 (OMB Circular A-110) OMB Circular A-102, F.S. 381.0051, F.A.C. 64F-7, F.A.C. 64F-16, and F.A.C. 64F-19. Requirements and Guidance as specified in the Program Requirements for Title X Funded Family Planning Projects (Title X Requirements)(2014) and the Providing Quality Family Planning Services (QFP): Recommendations of CDC and the U.S. Office of Population Affairs published on the Office of Population Affairs website. Programmatic annual reports as specified by the program office as specified in the annual programmatic Scope of Work for Family Planning and Maternal Child Health Services, including the Family Planning Annual Report (FPAR), and other minimum guidelines as specified by the Policy Web Technical Assistance Guidelines.
6.	Immunization	Periodic reports as specified by the department pertaining to immunization levels in kindergarten and/or seventh grade pursuant to instructions contained in the Immunization Guidelines-Florida Schools, Childcare Facilities and Family Daycare Homes (DH Form 150-615) and Rule 64D-3.046, F.A.C. In addition, periodic reports as specified by the department pertaining to the surveillance/investigation of reportable vaccine-preventable diseases, adverse events, vaccine accountability, and assessment of immunization

		levels as documented in Florida SHOTS and supported by CHD Guidebook policies and technical assistance guidance.
7.	Environmental Health	Requirements as specified in Environmental Health Programs Manual 150-4* and DHP 50-21*
8.	HIV/AIDS Program	Requirements as specified in F.S. 384.25 and F.A.C. 64D-3.030 and 64D-3.031. Case reporting should be on Adult HIV/AIDS Confidential Case Report CDC Form DH2139 and Pediatric HIV/AIDS Confidential Case Report CDC Form DH2140.
		Requirements as specified in F.A.C. 64D-2 and 64D-3, F.S. 381 and F.S. 384. Socio-demographic and risk data on persons tested for HIV in CHD clinics should be reported on Lab Request DH Form 1628 in accordance with the Forms Instruction Guide. Requirements for the HIV/AIDS Patient Care programs are found in the Patient Care Contract Administrative Guidelines.
9.	School Health Services	Requirements as specified in the Florida School Health Administrative Guidelines (May 2012). Requirements as specified in F.S. 381.0056, F.S. 381.0057, F.S. 402.3026 and F.A.C. 64F-6.
10.	Tuberculosis	Tuberculosis Program Requirements as specified in F.A.C. 64D-3 and F.S. 392.
11.	General Communicable Disease Control	Carry out surveillance for reportable communicable and other acute diseases, detect outbreaks, respond to individual cases of reportable diseases, investigate outbreaks, and carry out communication and quality assurance functions, as specified in F.A.C. 64D-3, F.S. 381, F.S. 384 and the CHD Epidemiology Guide to Surveillance and Investigations.
12.	Refugee Health Program	Programmatic and financial requirements as specified by the program office.

<sup>\*</sup>or the subsequent replacement if adopted during the contract period.

## INDIAN RIVER COUNTY HEALTH DEPARTMENT

## PART I. PLANNED USE OF COUNTY HEALTH DEPARTMENT TRUST FUND BALANCES

		Estimated State Share of CHD Trust Fund Balance	Estimated County Share of CHD Trust Fund Balance	Total	
1.	CHD Trust Fund Ending Balance 09/30/20	144926	6	611634	756560
2.	Drawdown for Contract Year October 1, 2020 to September 30, 2021	-144924	4	-26394	-171318
3.	Special Capital Project use for Contract Year October 1, 2020 to September 30, 2021	(	0	0	0
4.	Balance Reserved for Contingency Fund October 1, 2020 to September 30, 2021	:	2	585240	585242

Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects, and mobile health vans.

## INDIAN RIVER COUNTY HEALTH DEPARTMENT

## Part II, Sources of Contributions to County Health Department October 1, 2020 to September 30, 2021

		State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
1. GENER	RAL REVENUE - STATE	(00011)	22400 2 4224	(Odioli)	0020210 402011	10001
015040	AIDS PATIENT CARE	100,000	0	100,000	0	100,000
015040	CHD - TB COMMUNITY PROGRAM	17,534	0	17,534	0	17,534
015040	CORONAVIRUS GENERAL REVENUE	927,701	0	927,701	0	927,701
015040	HEALTHY BEACHES MONITORING	18,882	0	18,882	0	18,882
015040	FAMILY PLANNING GENERAL REVENUE	40,889	0	40,889	0	40,889
015040	PRIMARY CARE PROGRAM	183,226	0	183,226	0	183,226
015040	SCHOOL HEALTH SERVICES - GENERAL REVENUE	136,867	0	136,867	0	136,867
015050	CHD GENERAL REVENUE NON-CATEGORICAL	1,385,373	0	1,385,373	0	1,385,373
GENERA	L REVENUE TOTAL	2,810,472	0	2,810,472	0	2,810,472
2. NON G	ENERAL REVENUE - STATE					
015010	ENVIRONMENTAL BIOMEDICAL WASTE PROGRAM	8,203	0	8,203	0	8,203
NON GEI	NERAL REVENUE TOTAL	8,203	0	8,203	0	8,203
3. FEDER	RAL FUNDS - STATE					
007000	WIC BREASTFEEDING PEER COUNSELING PROG	57,500	0	57,500	0	57,500
007000	COASTAL BEACH WATER QUALITY MONITORING	9,891	0	9,891	0	9,891
007000	COMPREHENSIVE COMMUNITY CARDIO - PHBG	115,000	0	115,000	0	115,000
007000	EPID & LAB FOR INFECTIOUS DISEASE COVID-19	137,746	0	137,746	0	137,746
007000	FAMILY PLANNING TITLE X - GRANT	43,669	0	43,669	0	43,669
007000	IMMUNIZATION ACTION PLAN	34,951	0	34,951	0	34,951
007000	MCH SPEC PRJ SOCIAL DETERMINANTS HLTH COMM EDU	23,113	0	23,113	0	23,113
007000	MCH BLOCK GRANT FLORIDA'S HEALTHY BABIES	14,776	0	14,776	0	14,776
007000	BASE COMMUNITY PREPAREDNESS CAPABILITY	88,227	0	88,227	0	88,227
007000	BASE PUB HLTH SURVEILLANCE & EPI INVESTIGATION	76,974	0	76,974	0	76,974
007000	AIDS PREVENTION	56,262	0	56,262	0	56,262
007000	WIC PROGRAM ADMINISTRATION	449,128	0	449,128	0	449,128
015075	SUPPLEMENTAL SCHOOL HEALTH	150,068	0	150,068	0	150,068
015075	SNAP ED - OBESITY	11,661	0	11,661	0	11,661
018005	AIDS DRUG ASSISTANCE PROGRAM ADMIN HQ	39,388	0	39,388	0	39,388
018005	RYAN WHITE TITLE II GRANT/CHD CONSORTIUM	90,000	0	90,000	0	90,000
FEDERA	L FUNDS TOTAL	1,398,354	0	1,398,354	0	1,398,354
4. FEES	ASSESSED BY STATE OR FEDERAL RULES - STATE					
001020	CHD STATEWIDE ENVIRONMENTAL FEES	146,323	0	146,323	0	146,323
001092	CHD STATEWIDE ENVIRONMENTAL FEES	319,033	0	319,033	0	319,033
001206	ON SITE SEWAGE DISPOSAL PERMIT FEES	24,996	0	24,996	0	24,996
001206	SANITATION CERTIFICATES (FOOD INSPECTION)	2,405	0	2,405	0	2,405
001206	SEPTIC TANK RESEARCH SURCHARGE	4,745	0	4,745	0	4,745
001206	SEPTIC TANK VARIANCE FEES 50%	201	0	201	0	201
001206	PUBLIC SWIMMING POOL PERMIT FEES-10% HQ TRANSFER	1,880	0	1,880	0	1,880
001206	DRINKING WATER PROGRAM OPERATIONS	526	0	526	0	526
001206	REGULATION OF BODY PIERCING SALONS	138	0	138	0	138

## INDIAN RIVER COUNTY HEALTH DEPARTMENT

## Part II, Sources of Contributions to County Health Department October 1, 2020 to September 30, 2021

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
001206 ONSITE SEWAGE TRAINING CENTER	95	0	95	0	95
001206 TATTO PROGRAM ENVIRONMENTAL HEALTH	868	0	868	0	868
001206 MOBILE HOME & RV PARK FEES	2,719	0	2,719	0	2,719
FEES ASSESSED BY STATE OR FEDERAL RULES TOTAL	504,146	0	504,146	0	504,146
5. OTHER CASH CONTRIBUTIONS - STATE:					
	0	0	0	0	0
090001 DRAW DOWN FROM PUBLIC HEALTH UNIT	144,924	0	144,924	0	144,924
OTHER CASH CONTRIBUTION TOTAL	144,924	0	144,924	0	144,924
6. MEDICAID - STATE/COUNTY:					
001148 CHD CLINIC FEES	0	22,100	22,100	0	22,100
MEDICAID TOTAL	0	22,100	22,100	0	22,100
7. ALLOCABLE REVENUE - STATE:					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	3,690	0	3,690	0	3,690
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	10,000	0	10,000	0	10,000
ALLOCABLE REVENUE TOTAL	13,690	0	13,690	0	13,690
8. OTHER STATE CONTRIBUTIONS NOT IN CHD TRUST FUND - STATE					
ADAP	0	0	0	88,822	88,822
PHARMACY DRUG PROGRAM	0	0	0	507	507
WIC PROGRAM	0	0	0	1,743,101	1,743,101
BUREAU OF PUBLIC HEALTH LABORATORIES	0	0	0	17,224	17,224
IMMUNIZATIONS	0	0	0	98,561	98,561
OTHER STATE CONTRIBUTIONS TOTAL	0	0	0	1,948,215	1,948,215
9. DIRECT LOCAL CONTRIBUTIONS - BCC/TAX DISTRICT					
008005 HUMAN AND CHILDRENS SERVICES PROGRAM	0	71,184	71,184	0	71,184
008005 CHD FEDERAL & LOCAL INDIRECT EARNINGS	0	10,524	10,524	0	10,524
008040 CHD LOCAL REVENUE & EXPENDITURES	0	738,670	738,670	0	738,670
DIRECT COUNTY CONTRIBUTIONS TOTAL	0	820,378	820,378	0	820,378
10. FEES AUTHORIZED BY COUNTY ORDINANCE OR RESOLUTION - COUNT					
001077 CHD CLINIC FEES	0	13,919	13,919	0	13,919
001094 CHD LOCAL ENVIRONMENTAL FEES	0	258,943	258,943	0	258,943
001110 VITAL STATISTICS CERTIFIED RECORDS	0	201,240	201,240	0	201,240
FEES AUTHORIZED BY COUNTY TOTAL	0	474,102	474,102	0	474,102
11. OTHER CASH AND LOCAL CONTRIBUTIONS - COUNTY					
001029 CHD CLINIC FEES	0	13,200	13,200	0	13,200
001090 CHD CLINIC FEES	0	3,800	3,800	0	3,800
010300 INSPECTIONS OF SUMMER FEEDING PROGRAM - DOE	0	1,119	1,119	0	1,119
010300 STATE UNDERGROUND PETROLEUM RESPONSE ACT	0	2,416	2,416	0	2,416
010400 CHD SALE OF SERVICES IN OR OUTSIDE OF STATE GOVT	0	400	400	0	400
011000 REVENUE CONTRACT/MOA W/NO REPORTING REQUIREMENT	0	341,919	341,919	0	341,919

## INDIAN RIVER COUNTY HEALTH DEPARTMENT

## Part II, Sources of Contributions to County Health Department October 1, 2020 to September 30, 2021

	State CHD Trust Fund (cash)	County CHD Trust Fund	Total CHD Trust Fund (cash)	Other Contribution	Total
011000 INDIAN RIVER FETAL & INFANT MORTALITY REVIEW PRJ	0	3,067	3,067	0	3,067
011001 CHD HEALTHY START COALITION CONTRACT	0	2,420	2,420	0	2,420
011001 HEALTHY START NURSE FAM PARTNERSHIP EXPAND CHD	0	87,535	87,535	0	87,535
090002 DRAW DOWN FROM PUBLIC HEALTH UNIT	0	26,394	26,394	0	26,394
OTHER CASH AND LOCAL CONTRIBUTIONS TOTAL	0	482,270	482,270	0	482,270
12. ALLOCABLE REVENUE - COUNTY					
001004 CHD STATEWIDE ENVIRONMENTAL FEES	0	3,690	3,690	0	3,690
031005 GENERAL CLINIC RABIES SERVICES & DRUG PURCHASES	0	10,000	10,000	0	10,000
COUNTY ALLOCABLE REVENUE TOTAL	0	13,690	13,690	0	13,690
13. BUILDINGS - COUNTY					
ANNUAL RENTAL EQUIVALENT VALUE	0	0	0	455,938	455,938
OTHER (Specify)	0	0	0	0	0
UTILITIES	0	0	0	153,560	153,560
BUILDING MAINTENANCE	0	0	0	82,068	82,068
GROUNDS MAINTENANCE	0	0	0	0	0
INSURANCE	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
OTHER (Specify)	0	0	0	0	0
BUILDINGS TOTAL	0	0	0	691,566	691,566
14. OTHER COUNTY CONTRIBUTIONS NOT IN CHD TRUST FUND - COUNTY					
EQUIPMENT / VEHICLE PURCHASES	0	0	0	0	0
VEHICLE INSURANCE	0	0	0	0	0
VEHICLE MAINTENANCE	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTION (SPECIFY)	0	0	0	0	0
OTHER COUNTY CONTRIBUTIONS TOTAL	0	0	0	0	0
GRAND TOTAL CHD PROGRAM	4,879,789	1,812,540	6,692,329	2,639,781	9,332,110

## INDIAN RIVER COUNTY HEALTH DEPARTMENT

# Part III, Planned Staffing. Clients, Services and Expenditures By Program Service Area Within Each Level of Service October 1, 2020 to September 30, 2021

				Qu	arterly Expe	nditure Plan				
	FTE's	Clients S		1st	2nd	3rd	4th			Grand
	(0.00)	Units	Visits		(Whole dolla	ars only)		State	County	Total
A. COMMUNICABLE DISEASE CONTROL:										
IMMUNIZATION (101)	3.50	923	1,148	88,166	75,590	88,166	75,590	78,787	248,725	327,512
SEXUALLY TRANS. DIS. (102)	2.87	753	988	68,525	58,750	68,525	58,751	174,296	80,255	254,55
HIV/AIDS PREVENTION (03A1)	2.93	0	8,066	58,257	49,947	58,257	49,948	216,308	101	216,409
HIV/AIDS SURVEILLANCE (03A2)	0.07	0	0	1,267	1,086	1,267	1,086	4,703	3	4,706
HIV/AIDS PATIENT CARE (03A3)	4.21	183	715	110,339	94,600	110,339	94,601	398,833	11,046	409,879
ADAP (03A4)	0.84	11	11	16,415	14,073	16,415	14,074	60,948	29	60,977
TUBERCULOSIS (104)	1.97	58	205	40,936	35,097	40,936	35,098	144,575	7,492	152,067
COMM. DIS. SURV. (106)	3.92	0	8,279	370,512	317,660	370,512	317,660	1,376,344	0	1,376,344
HEPATITIS (109)	0.00	0	0	0	0	0	0	0	0	(
PREPAREDNESS AND RESPONSE (116)	1.18	0	20	29,284	25,107	29,284	25,107	108,782	0	108,782
REFUGEE HEALTH (118)	0.00	0	0	0	0	0	0	0	0	(
VITAL RECORDS (180)	1.18	6,021	19,971	19,590	16,796	19,590	16,796	0	72,772	72,772
COMMUNICABLE DISEASE SUBTOTAL	22.67	7,949	39,403	803,291	688,706	803,291	688,711	2,563,576	420,423	2,983,999
B. PRIMARY CARE:										
CHRONIC DISEASE PREVENTION PRO (210)	2.71	313	766	51,035	43,755	51,035	43,756	189,581	0	189,581
WIC (21W1)	8.71	3,580	22,196	165,226	141,657	165,226	141,657	613,766	0	613,766
TOBACCO USE INTERVENTION (212)	0.00	0	0	0	0	0	0	0	0	(
WIC BREASTFEEDING PEER COUNSELING (21W2)	0.77	0	714	14,124	12,109	14,124	12,110	52,467	0	52,46
FAMILY PLANNING (223)	5.16	361	767	123,971	106,287	123,971	106,287	419,029	41,487	460,510
IMPROVED PREGNANCY OUTCOME (225)	0.00	0	0	0	0	0	0	0	0	(
HEALTHY START PRENATAL (227)	0.65	6	32	16,509	14,154	16,509	14,153	0	61,325	61,328
COMPREHENSIVE CHILD HEALTH (229)	0.00	0	0	0	0	0	0	0	0	(
HEALTHY START CHILD (231)	0.64	1	1	14,134	12,117	14,134	12,117	0	52,502	52,502
SCHOOL HEALTH (234)	4.73	0	48,662	106,825	91,587	106,825	91,586	396,823	0	396,823
COMPREHENSIVE ADULT HEALTH (237)	4.67	603	1,243	124,082	106,382	124,082	106,383	32,682	428,247	460,929
COMMUNITY HEALTH DEVELOPMENT (238)	0.77	0	1,346	18,024	15,453	18,024	15,454	66,955	0	66,95
DENTAL HEALTH (240)	0.00	0	0	0	0	0	0	0	0	(
PRIMARY CARE SUBTOTAL	28.81	4,864	75,727	633,930	543,501	633,930	543,503	1,771,303	583,561	2,354,86
C. ENVIRONMENTAL HEALTH:										
Water and Onsite Sewage Programs										
COSTAL BEACH MONITORING (347)	0.29	167	231	10,532	9,029	10,532	9,029	28,842	10,280	39,122
LIMITED USE PUBLIC WATER SYSTEMS (357)	0.37	28	415	8,889	7,621	8,889	7,621	4,200	28,820	33,020
PUBLIC WATER SYSTEM (358)	0.06	0	116	1,624	1,392	1,624	1,391	15	6,016	6,031
PRIVATE WATER SYSTEM (359)	1.92	10	2,251	40,778	34,961	40,778	34,960	458	151,019	151,477
ONSITE SEWAGE TREATMENT & DISPOSAL (361)	7.79	2,356	7,958	156,341	134,040	156,341	134,040	317,042	263,720	580,762
Group Total	10.43	2,561	10,971	218,164	187,043	218,164	187,041	350,557	459,855	810,412
Facility Programs										
TATTOO FACILITY SERVICES (344)	0.16	95	34	3,412	2,925	3,412	2,925	8,486	4,188	12,674
FOOD HYGIENE (348)	0.98	212	551	22,757	19,511	22,757	19,511	24,051	60,485	84,536

#### INDIAN RIVER COUNTY HEALTH DEPARTMENT

# Part III, Planned Staffing. Clients, Services and Expenditures By Program Service Area Within Each Level of Service October 1, 2020 to September 30, 2021

Quarterly Expenditure Plan FTE's Clients Services/ 4th 1st 2nd3rd Grand (Whole dollars only) (0.00)Visits Units State County Total BODY PIERCING FACILITIES SERVICES (349) 0 2.441 9 0.02 0 660 565 660 565 2.450 GROUP CARE FACILITY (351) 18,805 0.21 116 5.062 4.340 5.062 4.341 18.754 84 51 MIGRANT LABOR CAMP (352) 2,608 2,608 2,235 0.12 16 38 2.236 876 8.811 9.687 HOUSING & PUB. BLDG. (353) 0.15 3,707 3,178 3,707 3,177 1 27 724 13.045 13.769 MOBILE HOME AND PARK (354) 0.20 47 118 4,533 3,886 4,533 3,887 13,944 2,895 16,839 POOLS/BATHING PLACES (360) 1.30 625 1,268 28,866 24,748 28,866 24,747 60,696 46,531 107,227 BIOMEDICAL WASTE SERVICES (364) 0.56 614 12,346 10,585 12,346 10,585 42,119 3,743 45,862 550 TANNING FACILITY SERVICES (369) 0.05 23 35 1,249 1,070 1,249 1,070 1,772 2,866 4,638 Group Total 3.75 1,749 2,705 85,200 73,044 85,200 73,043 155,160 161,327 316,487 **Groundwater Contamination** STORAGE TANK COMPLIANCE SERVICES (355) 0.00 0 0 0 0 0 0 0 0 0 SUPER ACT SERVICES (356) 0.06 19 1,552 1,331 1,552 1,330 16 5,749 5,765 Group Total 0.06 6 19 1,552 1,331 1,552 1,330 16 5,749 5,765 Community Hygiene COMMUNITY ENVIR. HEALTH (345) 0.260 440 5,559 4,766 5,559 4,765 60 20,589 20,649 INJURY PREVENTION (346) 0.00 0 0 0 0 0 0 0 0 0 LEAD MONITORING SERVICES (350) 0.00 0 0 32 27 32 27 0 118 118 PUBLIC SEWAGE (362) 77 0.21 6 4.426 3.795 4.426 3,796 45 16.398 16,443 SOLID WASTE DISPOSAL SERVICE (363) 0.00 0 0 70 60 70 59 6 253 259 SANITARY NUISANCE (365) 0.11 17 6 2.743 2.352 2.743 2.351 25 10.164 10.189 RABIES SURVEILLANCE (366) 6,583 6.583 24,395 0.26 59 156 5.644 5.644 59 24,454 ARBORVIRUS SURVEIL (367) 0.02 745 6 3.225 3.231 0 0 870 746 870 RODENT/ARTHROPOD CONTROL (368) 1,683 0.01 0 0 453 388 453 389 3 1.680 WATER POLLUTION (370) 42 0.16 0 31 4.360 3.738 4 360 3.737 16.153 16.195 INDOOR AIR (371) 0.01 0 0 214 183 214 184 0 795 795 RADIOLOGICAL HEALTH (372) 0.01 0 0 214 183 214 183 2 792 794 TOXIC SUBSTANCES (373) 0.16 8 29 4,285 3,674 4,285 3,674 39 15,879 15,918 Group Total 90 739 29,809 29,809 287 110,441 110,728 1.21 25,556 25,554 ENVIRONMENTAL HEALTH SUBTOTAL 4,406 14,434 334,725 286,974 334,725 286,968 506,020 737,372 1,243,392 15.45 NON-OPERATIONAL COSTS: NON-OPERATIONAL COSTS (599) 0.96 0 0 19,163 16,429 19,163 16,429 0 71,184 71,184 ENVIRONMENTAL HEALTH SURCHARGE (399) 0.00 0 0 10,442 8,953 10,442 8,953 38,790 0 38,790 MEDICAID BUYBACK (611) 0.00 0 0 23 27 23 100 0 100 NON-OPERATIONAL COSTS SUBTOTAL 0.96 0 0 29.632 25,405 29.632 25,405 38.890 71,184 110,074 TOTAL CONTRACT 67.89 17,219 129,564 1,801,578 1,544,586 1,801,578 1,544,587 4,879,789 1,812,540 6,692,329

# INDIAN RIVER COUNTY HEALTH DEPARTMENT CIVIL RIGHTS CERTIFICATE

The applicant provides this assurance in consideration of and for the purpose of obtaining federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other federal financial assistance to programs or activities receiving or benefiting from federal financial assistance. The provider agrees to complete the Civil Rights Compliance Questionnaire, DH Forms 946 A and B (or the subsequent replacement if adopted during the contract period), if so requested by the department.

The applicant assures that it will comply with:

- 1. Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C., 2000 Et seq., which prohibits discrimination on the basis of race, color or national origin in programs and activities receiving or benefiting from federal financial assistance.
- Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination
  on the basis of handicap in programs and activities receiving or benefiting from federal financial
  assistance.
- Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. 1681 et seq., which prohibits
  discrimination on the basis of sex in education programs and activities receiving or benefiting from
  federal financial assistance.
- 4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from federal financial assistance.
- 5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from federal financial assistance.
- 6. All regulations, guidelines and standards lawfully adopted under the above statutes. The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contracts, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

#### Attachment IV

### Fiscal Year - 2020 - 2021

### **Indian River County Health Department**

### Facilities Utilized by the County Health Department

Complete Location	Facility Description	Lease/	Type of	Complete	SQ	Employee
(Street Address, City, Zip)	And Offical Building	Agreement	Agreement	Legal Name	Feet	Count
	Name (if applicable)	Number	(Private Lease thru	of Owner		(FTE/OPS/
	(Admin, Clinic, Envn Hlth,		State or County, other -			Contract)
	etc.)		please define)			
1900 27th Street, Vero Beach,	Administration, HR, Clinic, Vital	N/A	County Owned	Commissioners for Indian	20.475	67.89
Florida, 32960-3383	Statistics, Env. Health, WIC	N/A	County Owned	River County	36,475	67.89

Facility - a fixed site managed by DOH/CHD personnel for the purpose of providing or supporting public health services. Includes county-owned, state-owned, and leased facilities. Includes DOH/CHD warehouse and administrative sites. Includes facilities managed by DOH/CHD that may be shared with other organizations. Does not include schools, jails or other facilities where DOH/CHD staff are out-posted or sites where services are provided on an episodic basis.

# **ATTACHMENT V** INDIAN RIVER COUNTY HEALTH DEPARTMENT **SPECIAL PROJECTS SAVINGS PLAN**

**NOT APPLICABLE** 

CASH RESERVED OR ANTICIPATED TO BE RESERVED FOR PROJECTS

CONTRACT YEAR	<u>STATE</u>		COUNT	<u>Y</u>	<u>TOTAL</u>
2019-2020*	\$	0	\$	0	\$ 0
2020-2021**	\$	0	\$	0	\$ 0
2021-2022***	\$	0	\$	0	\$ 0
2022-2023***	\$	0	\$	0	\$ 0
PROJECT TOTAL	\$	0	\$	0	\$ 0
	SPECIAL PROJECTS	CONSTRU	ICTION/RENOVATION P	LAN	
PROJECT NUMBER:					
PROJECT NAME:					
LOCATION/ADDRESS:					
PROJECT TYPE:	NEW BUILDING		ROOFING		
	RENOVATION		PLANNING STUDY		
	NEW ADDITION		OTHER		
SQUARE FOOTAGE:		0			
PROJECT SUMMARY: Desc	ribe scope of work in reasc	nable deta	il.		
START DATE (Initial expenditure of funds)	:				
COMPLETION DATE:					
DESIGN FEES:	\$	0			
CONSTRUCTION COSTS:	\$	0			
FURNITURE/EQUIPMENT:	\$	0			
TOTAL PROJECT COST:	\$	0			
COST PER SQ FOOT:	\$	0			

Special Capital Projects are new construction or renovation projects and new furniture or equipment associated with these projects and mobile health vans.

<sup>\*</sup> Cash balance as of 9/30/20

<sup>\*\*</sup> Cash to be transferred to FCO account.

<sup>\*\*\*</sup> Cash anticipated for future contract years.